



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers:

from 7-20-2015 to 8-1-2015

1. Committee I.D. Number

150590

2. Committee Name

Friends of Chad Sibley

5. Committee's Mailing Address

804 Litchfield
Bay City, MI 48706

Area Code and Phone 989-450-4538
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

4. Candidate Last Name

Sibley

First Name

Chad

M.I.

A

4a. Office Sought Including District # or Community Served (If applicable)

8th Ward Bay City Commissioner

4b. County of Residence

6. Treasurer's Name & Residential Address

Chad A. Sibley
804 Litchfield
Bay City, MI 48706

Area Code & Phone

989-450-4538

7. Treasurer's Business Address

804 Litchfield
Bay City, MI 48706

Area Code and Phone 989-450-4538

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

Chad Sibley
804 Litchfield
Bay City, MI 48706

Area Code and Phone

989-450-4538

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

August 4th, 2015

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Designated Treasurer or Designated Record Keeper

Chad A. Sibley

Chad Sibley

Signature

Date 8-24-2015

Candidate Chad A. Sibley

Chad Sibley

Signature

Date 8-24-2015



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 150590

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Friends of Chad Sibley

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>175⁰⁰</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>175⁰⁰</u>	(18.) \$ <u>1633⁷²</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>175⁰⁰</u>	(20.) \$ <u>1633⁷²</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>213²⁶</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u></u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>213²⁶</u>	(23.) \$ <u>935⁰⁷</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>213²⁶</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u></u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>736⁹¹</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>175⁰⁰</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>911⁹¹</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>213²⁶</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>698⁶⁵</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

150590

2. Committee Name

Friends of Chad Sibley

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 7-30-2015

Name & Address:

Brian Lanagan

4288 Zimmer Rd.

Bay City, MI 48706

\$ 25⁰⁰

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

Ticket # 0095

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 7-30-2015

Name & Address

Brian Lanagan

4288 Zimmer Rd.

Bay City, MI 48706

\$ 25⁰⁰

\$ 50⁰⁰

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

Ticket # 0096

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 7-30-2015

Name & Address:

Doug Sommer

Wenona

Bay City, MI 48706

\$ 25⁰⁰

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation

Employer

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 7-30-2015

Name & Address

TRAVIS SUMMERS

4288 Zimmer Rd.

Bay City, MI 48706

\$ 25⁰⁰

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation

Employer

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

75⁰⁰

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

175⁰⁰

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150590
2. Committee Name Friends of Chad Sibley

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-28-2015</u>	
Name & Address: <u>Guy Krakowski</u> <u>1845 S.E. Boutell</u> <u>Essexville, MI 48732</u>		\$ <u>25⁰⁰</u>	\$ <u>25⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Ticket # <u>0093</u>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-28-2015</u>	
Name & Address: <u>Sita Compton</u> <u>1752 W. German Rd.</u> <u>Bay City, MI 48708-9631</u>		\$ <u>25⁰⁰</u>	\$ <u>25⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Ticket # <u>0094</u>	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-28-2015</u>	
Name & Address: <u>Nancy Smith</u> <u>891 N. Jones Rd.</u> <u>Essexville, MI 48732</u>		\$ <u>25⁰⁰</u>	\$ <u>25⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Ticket # <u>0088</u>	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-28-2015</u>	
Name & Address: <u>Charlie Smith</u> <u>891 N. Jones Rd.</u> <u>Essexville, MI 48732</u>		\$ <u>25⁰⁰</u>	\$ <u>25⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Ticket # <u>0089</u>	

Page Subtotal

100⁰⁰

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

175⁰⁰

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150590
2. Committee Name Friends of Chad Sibley

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Staples</u> Address <u>4021 N. Euclid Avenue</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-28</u> Date	\$ <u>27⁹⁹</u>
Expenditure #2 Name <u>Vista Print</u> Address <u>Online purchase</u> <u>www.vistaprint.com</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Banners</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-28</u> Date	\$ <u>185²⁷</u>
Expenditure #3 Name XXXXXXXXXXXX Address XXXXXXXXXXXX <input type="checkbox"/> Fund Raiser	Purpose: XXXXXXXXXXXX <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	XXXXXXXXXXXX Date	\$ XXXXXXXXXXXX
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Subtotal this page			<u>213²⁶</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>213²⁶</u>

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150590
2. Committee Name Friends of Chad Sibley

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Chad Sibley 804 Litchfield Bay City, MI 48706	4. Type: <u>Office Supplies</u> <u>Banners</u> 5. <u>Date Debt Was Incurred:</u> <u>7-28-2015</u> 6. <u>Original Amount of Debt:</u> \$ <u>213²⁶</u>	<u>7-28</u> \$ <u>185²⁷</u> <u>7-28</u> \$ <u>27⁹⁹</u>	\$ <u>185²⁷</u> <u>27⁹⁹</u>	\$ <u>213²⁶</u> <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) 213²⁶
Grand Total of all Schedules 1E 213²⁶

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.